

APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, ARE DUE PRIOR TO ISSUANCE OF PERMIT.

| | OFFICE USE O | |
|----------------|------------------|----------|
| Application No | . <u>114-208</u> | 992,0001 |
| Date Received | Dec 06 | 2007 |

AMENDHENT TO PERMIT NO. 74-208992.0000

| 1. | Name of Permittee Mountainwood Development, Inc. | | | | | | | | |
|----|-------------------------------------------------------------------------------------------|------------------------------------------|----------------------|---------------------|--|--|--|--|--|
| | 1121 W. Warner Rd., Suite 109 | Tempe | AZ | 85284 | | | | | |
| | Mailing Address | City | State | Zip | | | | | |
| | Contact Person Brandon Wolfswinkel | Telephone 480-831-2000 | Fax_ | Fax 480-893-1604 | | | | | |
| 2. | Name of Active Management Area or Irrigation subbasin where the facility will be locatedS | | - | | | | | | |
| 3. | Name of the owner(s) of the land where wells | | Drainage Distr | ict | | | | | |
| | Mailing Address P.O. Box 9008, Chandle | | | | | | | | |
| | (If more than one owner, attach | a list showing corresponding land own | er and well regis | tration number(s)). | | | | | |
| 4. | Legal description of the land where water will | | | | | | | | |
| | | (quarter/quarter/quarter/s | ection, township and | range) | | | | | |
| 5. | The recovered water will be used for backup | water source for landscaping comn | non areas in Mo | ountainwood | | | | | |
| ó. | The recovery wells will be used to recover wat | ter stored pursuant to Water Storage Per | rmit No. 73-569 | 776.05 | | | | | |
| | or long-term storage account number. 70-441 | 195 | | | | | | | |

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form (see DWR application packet.) Attach supplement if needed.

| Name OF Well Owner | Well Registration Number | Location: 1/4,1/4, Section, Township, Range | Design Pump Capacity (GPM) | Well Depth (Feet) | Casing Diameter (Inches) | Proposed Annual Volume (Acre-Feet) | Date Well Constructed |
|-----------------------|--------------------------------|---------------------------------------------|-------------------------------------|-------------------------|--------------------------------|---------------------------------------------|--------------------------|
| San Tan Irrigation | 55-647069 | D (2-6) 33 AAC | 1350 | 1335 | 16 | 600 | 2/12/73 |
| | | | | | | | |
| | | | | | | | |

8. Complete the following for each proposed well to be constructed.

| Well Registration Number | Location: 1/4,1/4, Section, Township, Range | Design Pump Capacity (GPM) | Well Depth (Feet) | Casing Diameter (inches) | Proposed Annual Volume (Acre-feet) | Estimated Date of New Well Construction | Estimated Time Required To Complete Well |
|--------------------------------|---------------------------------------------|-------------------------------------|-------------------------|--------------------------------|---------------------------------------------|-----------------------------------------|------------------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | 71.77 | |
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| I (We), Mountainwood Development Inc certify under the penalty of perjury, that the knowledge and belief true, correct and co | e information contain | , the applican | nt(s) named in this nts made herein ar | application, do here to the best of my (| reby our) | | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------|------------------------------------------------------------------------------------------|------------------------------------------|--------------|--|--|
| 48-831-2000 Telephone | Signature of owner or authorized agent | | | | | | |
| | Manager | | | | | | |
| | Title | | | | | | |
| 1121 W. warner Rd. #109 | Temp | e | AZ | 85284 | | | |
| Mailing Address | | City | State | Zip | | | |
| STATE OF ARIZONA County of Marilopa |)) ss. | | , | | | | |
| Subscribed and sworn to before me this Notary Public Sco Lember 30th, 200 My commission expires: | is <u>20th</u> day 6 | No. | Amy J. Johnson ary Public - Arizona Maricopa County Commission Expires eptember 30, 2009 | <u>07.</u> | | | |